

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I can't be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that Long Hill Chapel will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify LHC in the event of any health changes that would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Consent and Certifications

I the undersigned being the parent or legal guardian of the child named herein ("the child"), do hereby consent to the participation of my child in all of the scheduled activities of the 2007 Jr. High Camp at Harmony Heart Camp in Jermyon, PA, including sports, hiking, climbing, ropes course, and any other activities that are associated with this youth week. Further, I certify that my child is physically fit and adequately trained to participate in such events except as previously noted.

Parent/Guardian Signature

Date

Health Insurance Company/Policy#/Group#



Hey Guys!

I Hope and pray that you are looking forward to our time away together! This year, our theme is **JHC-TV**...and our focus for the week will be finding your identity in Jesus, and not what the world is telling us through the constant influx of media.

And remember, **JHC-TV** is not only for you...but it's also designed for your friends! Please bring them out and allow them to see how much fun we can have as we grow closer to one another and to God.

There is a limited amount of space so sign up **FAST!**

If you have any questions feel free to talk to your group leader (contact info is listed below). Please continue to pray with me for an awesome week with God and each other...

Humbly HIS~~

Contact Info

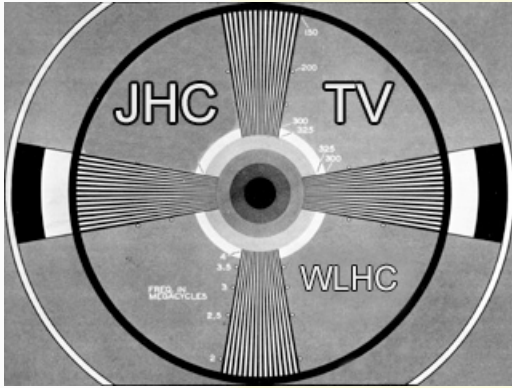
Name: Karl Fisher -
StateCollegeAYF@Gmail.com

Church: State College C&MA

Phone: 814.308.4681



J R H I G H C A M P



About the Week

A lot of times we wonder, "is that it?" When we find ourselves not meaningfully connecting with our parents, our friends, or God, is that it? Is that all we can expect?

During this week we will find out for ourselves that there is more...more of us... more of others...and more of God. Not only will we hear it for ourselves, but we'll experience it from God! If you don't know many people, no one knows you, and if you know about God, but don't know HIM, **then this week is for you!**

How do I register?

A **\$100 deposit check** must be made payable to *State College Christian & Missionary Alliance Church*. Bring or mail your check and completed registration form to **State College C&MA - SCAYF, 1221 W. Whitehall Rd., State College, PA 16801** by May 30.

Be sure that a parent or guardian fills out the permission and medical authorization form too! There is **limited space** so return this form with your money soon to make sure you reserve your spot!!!

What will the Weekend include?	
LIVE Worship	MESSY Games
Basketball	Banner Making
Lighting Ball	Relay Races
Swimming	"Solos" with God
Floor Hockey	Dodgeball
Applicable Messages	DDR and much more!
What to Bring?	
Bible, pen & notebook	Toiletries & towel
Pillow & sleeping bag	Flashlight
\$\$\$ for McDonalds	"Play & Messy" clothes
NO electronics!	A good attitude

REGISTRATION FORM

Name _____

Address _____

MEDICAL QUESTIONNAIRE

1. Is your child presently taking any medications or carrying any emergency medication? **Y N**
If yes...

Medication	Dose	Condition

2. Is your child allergic to any type of medication? **Y N**
Specify:

3. Does your child require a special diet? **Y N**

4. Does your child have or has he/she ever had any of the following?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Hay fever |

5. Does your child have allergies other than medicine? **Y N**

6. Does your child sleepwalk? **Y N**

7. Can your child swim? **Y N**

8. Does your child have any physical handicap or illness that would prevent him/her from participating in normal rigorous activities? **Y N**

If necessary, please explain:
